

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

ABC Concrete Mfg. Co. Inc.

ADDRESS

1004 S. Lake St.

CITY

Farmington

STATE

NM

ZIP CODE

87401

PHONE

505-325-8289

FAX

505-327-1687

EMAIL:

None

PRIMARY CONTACT:

Doug Murray

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise _Concrete Manufacturer_____

☐ Site Work

☐ Demolition

☐ Exterior Utilities

☐ Paint

☐ Structural

☐ Steel Fencing

☐ Masonry

☐ Mechanical (HVAC/Plumbing)

☐ Carpet

☐ Roofing

☐ Building

☐ Electrical

☐ Mechanical

☐ Clean Room

☐ Fire Protection

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

25 years

How many years has your organization been in the construction business under its present business name?

25 years

Under what former names has your organization operated?

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Doug Murray

List the categories of work that your organization normally performs with its company personal.

Precast concrete items, Highway Barriers, utility installation, septic tank, vaults, concrete sheds, anything concrete.

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

Radiation Blocks – Los Alamos National Laboratory – Complete – Seth Hinshaw
Concrete Sheds – Lackland AFB – Complete – Gabe Gonzales
Concrete Blocks – BHP – Complete - Becky

List your Trade References

Four Corners Materials - Farmington, NM
Lake Steel - Amarillo, TX
Bubble City - Farmington, NM

List your Surety company or your banking affiliates.

Bank of America
Wells Fargo

What is your organization's current bonding rate?

Single _____ Aggregate _____ X _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GS16 GS04 GF09 GS08 GA01 MS03

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

____ Ask for attachment _____

Rate Type: Interstate _____ x _____, In-State _____, Monopolistic _____

Insurance Carrier:

Builders Trust

What is your firm's North American Industrial Classification System (NAICS) code?

SIC Codes 3272, 3444, 3740

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☒ Small Business ☐ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran

☐ Disabled Veteran ☐ HUBZone

Present number of employees

☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100